



Instructions for the Release of Educational Records and Letters of Recommendation

Instructions for Releasing Educational Records

Commonwealth Charter Academy will provide educational records, including official high school transcripts and test scores to third parties (e.g., post-secondary institutions, scholarship committees, potential employers) *only with prior written approval* from the student's parent(s), legal guardian(s), a student aged 18 or older or, any other Eligible Student. Requests for the release of records should be made by completely filling out the following sections of this form: Student and School Information; Institution Release Information; and Signature of Parent/Legal Guardian or Eligible Student. You only need to fill out the Recommendation Release Information section if you will be requesting letters of recommendation from Commonwealth Charter Academy staff members. For more information on letters of recommendation, review the instructions in the next section. **To ensure that application deadlines are successfully met, we require at least 10 working days for requests to provide educational records.**

Please review the High School Class Rank section below for more information about the calculation of Class Rank. Also note that class rank is only calculated twice a year.

Instructions for Obtaining Letters of Recommendation from Staff Members

This form should also be used to authorize Commonwealth Charter Academy staff members to write a letter of recommendation for the listed student. To do so, you must fill out all sections of the form. If you are not sure who will write the letter of recommendation for the listed student or you want to authorize all Commonwealth Charter Academy staff members to write a letter of recommendation for the listed student, check the **Any Staff Member** box in the Recommendation Release Information section. If you know the names of the staff members who will write a letter of recommendation for the listed student, check the **Specific Staff Member** box and enter the name(s) of the staff member(s). If you select the latter option, it will prohibit any other staff members who are not listed from writing a letter of recommendation for the student. **You are responsible for asking particular staff members to write a letter of recommendation for the student.** **To ensure that application deadlines are successfully met, we require at least 30 days for requests to obtain a letter of recommendation.**

Submit all completed forms to your school counselor by email, fax, or mail. Contact your school counselor with any questions.

Note about High School Class Rank

Commonwealth Charter Academy will calculate the class rank for each high school student two times per year, shortly after the conclusion of each semester. Students who have not yet successfully completed any high school courses for credit directly from Commonwealth Charter Academy will be excluded from the class rank calculation. For the purposes of calculating the class rank, the student's cumulative Grade Point Average (G.P.A.) will be used, which may include weighted grades for Honors or Advanced Placement courses. Courses transferred in from other accredited institutions will also be included in the class rank as long as there is a grade assigned for that course. Students whose class rank rounds off to the same number will be considered tied and will receive the same class rank. The ranking will compare students within the same grade level at the same school.



Authorization to Release Educational Records and Letters of Recommendation

Student's Last Name

First Name

Middle Name

Recommendation Release Information

Complete this section if you want a CCA staff member to write a letter of recommendation.

Who do you want to write a letter of recommendation?

Any CCA staff member

Only specific CCA staff members (list all):

What is the purpose of the recommendation?

Institution Release Information

Requestor Information

Last Name

First Name

Middle Name

Street Address

City

State

Zip

Home Phone

Cell Phone

Is the student the requestor?

Yes/No (Circle- if No, what is the requestor's relationship to the student?)

Records Requested

What records do you request? (check all that apply) Transcript Test Scores Other:

Please release records to: (Check one)

- ALL Colleges, universities, military institutions, scholarship committees, other programs, and/or potential employers to which I apply
- ONLY colleges, universities, scholarship committees, other programs, and/or potential employers listed below
- ONLY Armed Service of the United States listed below
- ONLY Militia of the state listed below



Record Destination(s)

Destination 1: Name of School _____ County _____

Street Address _____ City _____ State _____ Zip _____

Send on Date _____ Send to the attention of _____ # of Transcripts _____

Destination 2: Name of School _____ County _____

Street Address _____ City _____ State _____ Zip _____

Send on Date _____ Send to the attention of _____ # of Transcripts _____

Destination 3: Name of School _____ County _____

Street Address _____ City _____ State _____ Zip _____

Send on Date _____ Send to the attention of _____ # of Transcripts _____

Signature of Parent/Legal Guardian or Eligible Student

For this form to be valid, it must be signed by the student’s parent/legal guardian or the student, if he or she is eligible.

By signing below, I, the undersigned, in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), hereby authorize the above-listed counselor or staff member to complete the attached college/university application(s) or other applications in which he/she may reference the educational records and information that are selected above.

By signing below, I, the undersigned, understand further that (1) I have the right not to consent to the release of my education records and (2) that this consent shall remain in effect until revoked by me, in writing, and delivered to the above-listed school, but that any such revocation shall not affect disclosures previously made by the above-listed school prior to the receipt of any such written revocation.

Last Name _____ First Name _____ Middle Name _____

Signature _____ Date _____ Phone Number _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.